Community Services

Definition: Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the individual's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the individual's habilitation site to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

Provider: Services will be provided in or originate from facilities licensed **DDSN**

<u>Arranging for the Service:</u> When you determine an individual needs Community Services, they should be given a choice of providers of this service and the offering of choice must be documented. The individual and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the individual and/or his/her legal guardian and documented.

Prior to adding Community Services to the Waiver Tracking System, you must first ensure the service is included on the STS. If Community Services is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the budget. To make this change proceed to the services menu on the STS (SVMEN). Select CHGAT and enter SSN in Key 1 position. The day service that the individual is receiving will be displayed along with the activity type and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("W").

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Community Services can be authorized using the **Authorization for Services** (**Community Supports Form CS-06**).

For Community Services, one unit equals one-half day as indicated by the individual's presence or absence as noted on the roll book.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Community Services:

- At least monthly for the first two months
- At least quarterly thereafter

• Start over with each new provider or location

Some items to consider during monitorship include:

- → Is the individual satisfied with his/her daily activity? Does the individual enjoy the work?
- → Is the individual satisfied with the provider of his/her service?
- → What type of training is the individual receiving? Is the individual satisfied with the training?
- → Are the training areas consistent with the individual's overall goals, wants and desires?
- → Is the individual making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed?
- → Is the workshop clean and safe?
- → What is the individual's attendance?
- → What are the opportunities for choice given to the individual?
- → Does the individual feel comfortable with staff?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS COMMUNITY SUPPORTS WAIVER

AUTHORIZATION FOR SERVICES TO BE BILLED TO DSN BOARD

TO:		
RE:		
Recipient's Name	/	Date of Birth
A	Address	
Medicaid # //_/_/_///		
You are hereby authorized to provide the follonumber of units rendered may be billed. Pleathis provider for this service(s).		
Community Services (H2016):		
Number of Units Per Week:((one unit $= 1/2$	2 day or 2-3 hours)
Service Coordinator/Early Interventionist: N	Name / Addres	ss / Phone # (Please Print):
Signature of Person Authorizing Services		Date
Board Name/Address:		
Community Supports Form CS-06		